

**Spouse to Teachers
Registration Form**

(Please Print)

1. Name (*Last, First, MI*): _____
2. Address: _____ b. Home phone: _____
_____ c. Work phone: _____
Base: _____ d. Cell phone: _____
- a. E-mail: _____

b. How did you hear about Spouses to Teachers? _____

c. Rotation Date: _____

3. Personal Information: _____ Second Language: _____
- a. Date of Birth (dd/mm/yy): _____ b. Gender (circle applicable): Male Female

4. State Preferences (Up to three): _____

5. Sponsor's Current Military Affiliation (circle applicable): _____ Rank _____
- Army Navy USAF USMC USCG USAR USNR USAFR USMCR USCGR ANG ARNG

6. Education (Highest Degree Completed and Date): _____

7. Teaching Preference: _____

8. Teaching Employment (Location and Start Date): _____

9. Subject Area(s) and Grades Certified to Teach: _____ Subject Area(s) and Grades Certified to Teach: _____

10. Subject Area(s) and Grades Currently Teaching: _____ Subject Area(s) and Grades Currently Teaching: _____

11. I certify that all information given above and in the supporting documentation I have provided is true and correct to the best of my knowledge. I understand that willfully making a false claim will result in a fine of up to \$10,000 or imprisonment of up to five years, or both (U.S. Code 18, Section 1001).

SPONSOR PRINT AND SIGN NAME (Date)

12. I certify that all information given above and in the supporting documentation I have provided is true and correct to the best of my knowledge. I understand that willfully making a false claim will result in a fine of up to \$10,000 or imprisonment of up to five years, or both (U.S. Code 18, Section 1001).

SPOUSE PRINT AND SIGN NAME (Date)

13. **Privacy Act Statement** AUTHORITY: 5 U.S.C. 301, E.O. 9397. **Principal Purpose:** To verify information provided relative to selection and to provide that information to school districts or institutions of higher education. **ROUTINE USE:** The information collected may be released to local education agencies (school districts) and institutions (colleges universities, other training schools or organizations) that may be interested in helping you become certified or employed. **Release:** Voluntary, however, failure to provide the requested information may result in disqualification for participation or limited exposure to certification or employment opportunities. **Certification:** I agree with the terms of the Privacy Act Statement and I hereby certify that all information provided is true and correct. I understand that providing false information will result in the termination of my eligibility for and participation in the program

SPOUSE SIGNATURE (Date)

MAIL COMPLETED & SIGNED FORM TO:
AZTTT – Elijah Wong Vets Svc Cntr
1840 N. 95th Ave, Phoenix, AZ 85037

AZ TROOPS/SPOUSES TO TEACHERS
TEL NO. 800-830-2134